Health Care Reform Coordinating Council

Entry to Coverage

Work Plan

Meeting	Date	Location	Purpose
1	August 16, 1-4	UMBC Tech Center	1. Review Charge to Workgroup 2. Overview of Federal Law Changes (Robin Rudowitz, Kaiser Commission on Medicaid) 3. Overview of Current Maryland System 4. Overview of Work Plan
2	August 31, 1-4	UMBC Tech Center	1. Best Practices from Other States (Stan Dorn, Urban Institute) 2. Consumers Perspective on Key Features of New System – invited panels 3. Identify options – open discussion
3	TBD, Late September		1. Review and comment on options paper (to be posted prior to meeting) 2. Coordination with Exchange workgroup
4	TBD, October		1. Identify remaining issues and work plan 2. Discuss potential legislative changes (if needed)

Issues for Workgroup (excerpt from HCRCC Interim Report, 7/26/10)

Achieving the goal of reducing the number of Maryland's uninsured ultimately depends on whether individuals actually enroll in the health coverage options available, which include private insurance, public coverage programs, and subsidized products offered through the exchange. Fundamental to the goal of reducing Maryland's uninsured, therefore, is facilitating simple and seamless entry to coverage and transition between types of coverage. **This workgroup will address the technology and human resources needed to establish and maintain a system that accomplishes these objectives**. The group will also need to partner with the other agencies over issues related to funding and technology procurement. Critical questions this group should address include:

1. How should Maryland design its approach to facilitating consumers' entry into coverage?
2. How should Maryland **simplify** and **integrate** enrollment practices to promote coverage to the fullest extent possible?

3. What policies, operating practices, and system changes should be adopted to **maximize** access to coverage?
4. To what extent does Maryland want to transition from long-standing enrollment practices designed for income-related coverage to embrace a new paradigm that would help minimize barriers to entry into coverage?

Input Requested

The goal of the 2nd meeting (August 31) of the Entry to Coverage Workgroup is to solicit input on options the workgroup should consider.   The Co-Chairs will invite consumer panels to provide their perspective on options and will invite individuals to sign up to present or offer their comments in writing.

These options should address how consumers will want to enter current and new coverage options available through Medicaid or through the exchange.   These options should include policies, business practices and the technology and human resources to facilitate entry to coverage.

Some examples of issues to address are:

1. **Point of Consumer Entry** - How will consumers interact with new system to enter health coverage? Will the most important systems be via the web, mail, in person or telephone? What are the most important systems to check status, make changes or ask questions?   How important is it to select a type of service to explore or to have the system ask basic questions and direct consumers to appropriate path? How centralized or decentralized should a system be?   What are the most important features for ease of use?
2. **Express Lane Eligibility** – To what extent should Maryland automatically determine Medicaid eligibility based on an individual's enrollment in certain social service programs? And vice versa?
3. **Focus on Health Enrollment or Broad Array of Social Services** - How should eligibility for health programs interact with eligibility for other social services?   What is the right balance of simplified application for health programs vs. comprehensive applications to support eligibility determination for a broad range of programs? How much interaction or information do consumers want through health care site for other social services programs such as Supplemental Nutrition Assistance Program (SNAP).
4. **Presumptive eligibility** – To what extent should Maryland adopt options to determine eligibility presumptively?